Best Practices for Case Finding in DRSi

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Briefing Outline

PURPOSE: To provide examples for preventive medicine (PM) staff to find cases that should be reported into the Disease Reporting System-internet (DRSi).

1. Available Systems and Examples
2. Advantages/Disadvantages
3. Alternative and Supplemental Options

Composite Health Care System

- CHCS: serves as the foundation for the Department of Defense's electronic health record (AHLTA)

- Adhocs can be created in CHCS to pull reports based on tests run and positive results:
  - RDIB: Reportable Disease Bacteriology Flat File NNMC
    - Used to identify bacterial cultures
  - RDIC: Reportable Disease Chem Flat File NNMC
    - Used to identify chemical presence/absence and cut-off values for labs for a select group of communicable diseases

Composite Health Care System

Lab Cultures for RBIC

B PERTUSSIS CULTURE
BORDETELLA CULTURE
CULTURE BRUCELLA
CULTURE DIPHTHERIA
CULTURE LEPTOSPIRA
CULTURE NASOPHARYNGEAL
CULTURE STERILE BODY FLUID
CULTURE STERILE BODY SITE
CULTURE, BOTULISM SERIES
HAEMOPHILUS DUCREYI CULTURE
LEISHMANIASIS CULTURE (WRAIR)
MALARIA/BLOOD PARASITE (MGMC)
MUMPS VIRUS CULTURE
OVA & PARASITES ID
RUBEOLA VIRUS CULTURE
STOOL CULTURE
STOOL OSMOLALITY
OVA & PARASITES ID
OVA & PARASITES IDENTIFIED
BLOOD CULTURE

Lab Chemistries for RDIC

CHLAMYDIA NAAT	INFLUENZA A, CONVALESCENT
GC NAAT	INFLUENZA B-ACUTE
FTA	INFLUENZA B-CONVALESCENT
FTA CSF	INFLUENZA SUBTYPING
HAEMOPH INFLUENZAE B AG ~	INFLUENZA VIRUS A AB
HAEMOPHILUS INFLUENZAE B IGG	INFLUENZA VIRUS A AG
HANTAVIRUS AB IGG	INFLUENZA VIRUS A/B AG
HANTAVIRUS AB IGM	INFLUENZA VIRUS A/B PCR
HEPATITIS A IGM	INFLUENZA VIRUS B AB
HEPATITIS B SURFACE AG	INFLUENZA VIRUS B AG
HEPATITIS B SURFACE AG NEUT	MHA-TP
HEPATITIS C AB	RPR, (DX) w/ REFLEX
HEPATITIS D AG	RAPID PLASMA REAGIN
HEPATITIS D IGM	VDRL
HEPATITIS E IGM	T PALLIDUM AB
INFLUENZA A, ACUTE	Lyme disease AB

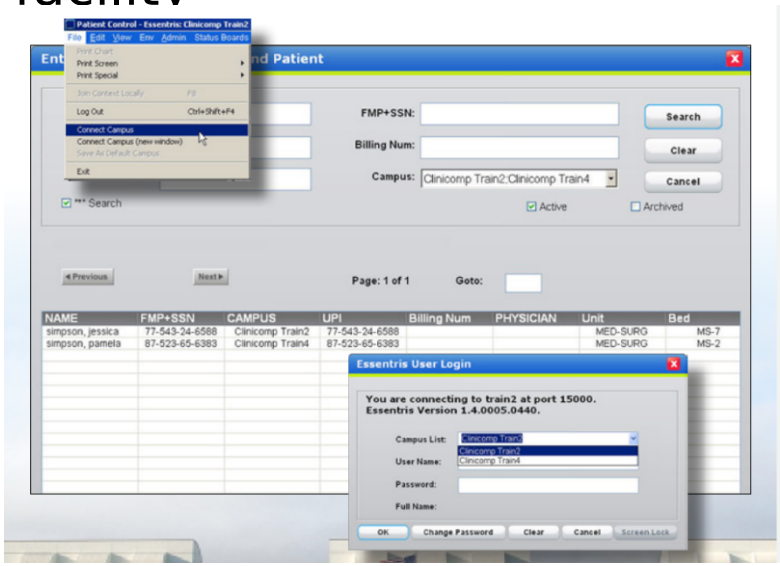
ESSENTRIS

- ESSENTRIS: used in inpatient hospital settings to provide point-of-care data capture at the patient's bedside for medical devices and patient care machines.
  - Shares data with AHLTA and VistA, and includes HL7 inbound ADT

- Every MTF that has some form of admission ward should have ESSENTRIS.

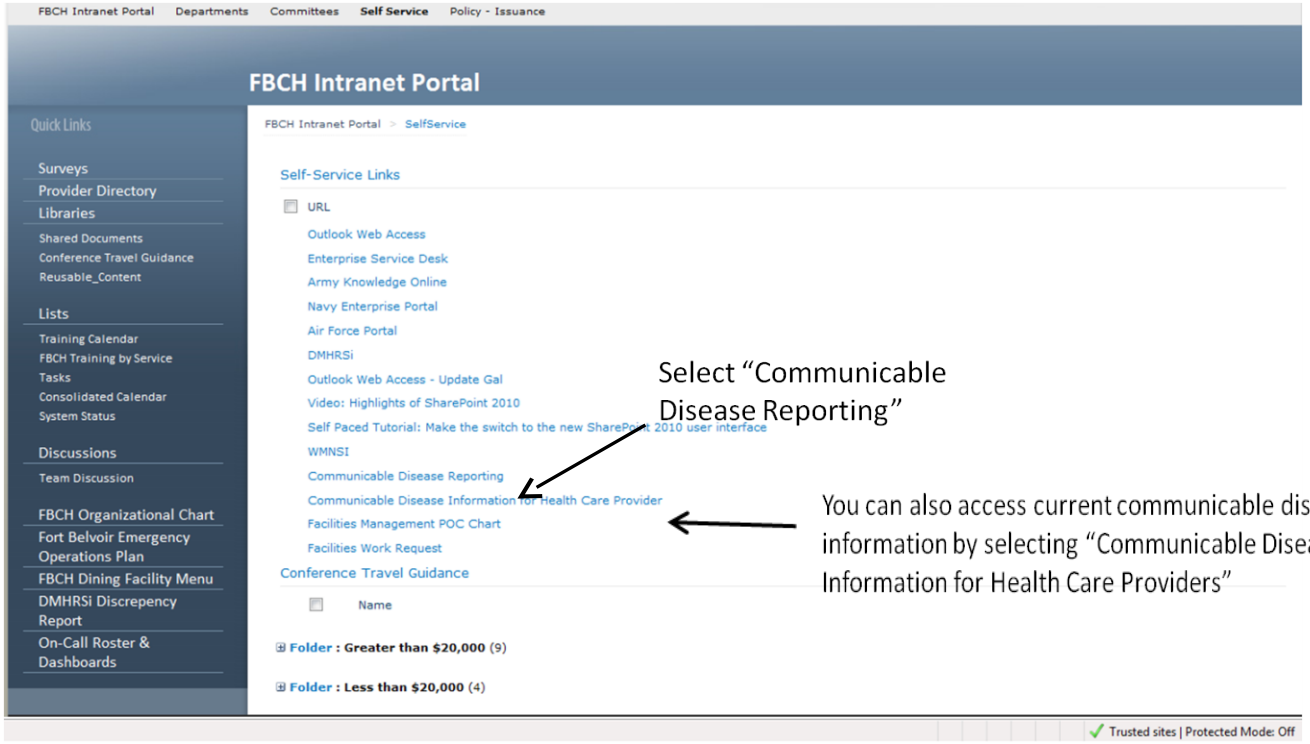
ESSENTRIS

- ESSENTRIS access may be read-only, but it is a means to stay in connection with a patient of interest regarding:
  - Diagnosis
  - Medical management (treatment/isolation levels)
  - Final outcome/transfer to a higher level of care at another facilitv



SharePoint

- SharePoint is a Microsoft platform that can be used as a provider-based reporting tool for providers at any one MTF.



SharePoint

- SharePoint's reporting tool allows clinicians assigned to one MTF to report suspected and/or confirmed cases to Public Health Nurses.

- In some cases, diseases that require specific testing necessitate coordination with local health departments

Inpatient Admissions and ER Visits

- Similar to monitoring ESSENTRIS, looking at inpatient admissions and ER visits allows PM staff to be alerted to potential cases ahead of time

- Going through all the ER visits on a daily basis allows for capture of clinically-diagnosed RMEs, like chicken pox or heat illness.

Inpatient Admissions and ER Visits

- Monitoring ER visits is also useful for picking up on small clusters, both family and community-based
- Notable disadvantage is that often, one clinic will not have good visibility for outlying clinics

Alternative Options

- ESSENCE: syndromic, sometimes unreliable, potential lags in ingest.
- Build strong relationships and collaborating with local/county health department officials.
  - If health departments find military cases, they are more likely to report back.
- Rely on Infection Control staff at hospitals.
  - Often, PM staff not located on hospital campuses so IC staff can be “eyes on the ground”
- Have lab personnel keep a list of both state/DoD RMEs posted on walls so they are always aware of which cases should be reported to PM staff on a daily basis.

Questions?

- **Army:** **USAPHC – Disease Epidemiology Program**
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  Comm: (410) 436-7605 DSN: 584-7605

  usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil

- **Navy:** **Contact your cognizant NEPMU**
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  NEPMU5: COMM: (619) 556-7070; DSN (312) 526-7070
  Email: ThreatAssessment@med.navy.mil
  NEPMU6: COMM: (808) 471-0237; DSN: (315) 471-0237
  Email: NEPMU6ThreatAssessment@med.navy.mil

- **Air Force: Contact your MAJCOM PH or USAFSAM/PHR**
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